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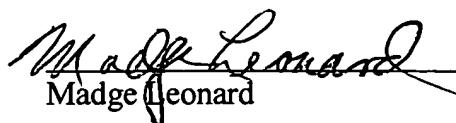
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## EXPRESS MAIL CERTIFICATE

"Express Mail" Label No. : EV 127 539 264 US  
Serial No. : 10/040,010  
Applicant(s) : Thomas M. Mills et al.  
Filing Date : January 4, 2002  
Title: : TREATMENT OF ERECTILE DYSFUNCTION  
Examiner : Hui, San Ming R.  
Group Art Unit : 1617  
Type of Document(s) : Transmittal Form  
Election and Response  
2<sup>nd</sup> Supplemental Information Disclosure Statement –  
(in duplicate)  
PTO/SB/08A  
References: 5  
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M0351-267875  
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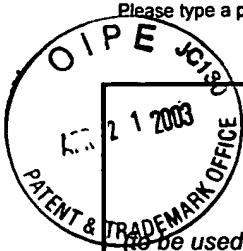
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EV 127 539 264 US PTO/SB/21 (08-00)

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## TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Total Number of Items in This Submission  
(including Transmittal Form)

11

Application Number	10/040,010
Filing Date	January 4, 2002
First Named Inventor	Thomas M. Mills
Group Art Unit	1617
Examiner Name	Hui, San Ming R.

Attorney Docket Number

M0351-267875 (011-00)

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached Check _____ <input checked="" type="checkbox"/> Election & Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> 2 <sup>nd</sup> Supplemental Information Disclosure Statement (induplicate) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Express Mail Certificate – EV 127 539 264 US PTO/SB/08A References: 5 Return Postcard
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Cynthia B. Rothschild, Esq. Reg. No. 47,040
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Signature	
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Date	4/21/03
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